

Kentucky Apprentice Falconer Activity Report

2018 edition

Apprentice Falconer Information (to be completed by apprentice)

Name: _____ Permit Number: _____
 Phone: _____ Email: _____

Please fill out the following information for each bird held during your apprenticeship.

Calendar Year:					
Species	Band Number	Days Flown	Dates Held <small>(MM/DD/YY-MM/DD/YY)</small>	Final Disposition (check box)	Game Taken
				<input type="checkbox"/> Transferred <input type="checkbox"/> Released <input type="checkbox"/> Escaped <input type="checkbox"/> Death <input type="checkbox"/> Stolen <input type="checkbox"/> Other _____	
				<input type="checkbox"/> Transferred <input type="checkbox"/> Released <input type="checkbox"/> Escaped <input type="checkbox"/> Death <input type="checkbox"/> Stolen <input type="checkbox"/> Other _____	
				<input type="checkbox"/> Transferred <input type="checkbox"/> Released <input type="checkbox"/> Escaped <input type="checkbox"/> Death <input type="checkbox"/> Stolen <input type="checkbox"/> Other _____	
				<input type="checkbox"/> Transferred <input type="checkbox"/> Released <input type="checkbox"/> Escaped <input type="checkbox"/> Death <input type="checkbox"/> Stolen <input type="checkbox"/> Other _____	

Apprentice Sponsor Information (to be completed by apprentice sponsor):

Name: _____ Permit Number: _____
 Check Class Level: General Master Phone: _____
 Email: _____

Please fill out the following information based on your required sponsor inspections.

Sponsors must inspect their apprentice's facility and bird a minimum of one (1) time every (12) months.

Visit 1	Visit 2	Visit 3
Condition of bird: <input type="checkbox"/> Poor <input type="checkbox"/> Adequate <input type="checkbox"/> Exceptional	Condition of bird: <input type="checkbox"/> Poor <input type="checkbox"/> Adequate <input type="checkbox"/> Exceptional	Condition of bird: <input type="checkbox"/> Poor <input type="checkbox"/> Adequate <input type="checkbox"/> Exceptional
Condition of facilities: <input type="checkbox"/> Poor <input type="checkbox"/> Adequate <input type="checkbox"/> Exceptional	Condition of facilities: <input type="checkbox"/> Poor <input type="checkbox"/> Adequate <input type="checkbox"/> Exceptional	Condition of facilities: <input type="checkbox"/> Poor <input type="checkbox"/> Adequate <input type="checkbox"/> Exceptional
Date of inspection: _____	Date of inspection: _____	Date of inspection: _____

By signing below, I certify that all information above is true and correct to the best of my knowledge. I understand that a false statement herein may subject me to criminal penalties of 18 U.S.C 100.

Applicant Signature: _____ **Date:** _____
Sponsor Signature: _____ **Date:** _____

*This form is to be submitted with a Kentucky Falconry Permit Application and Raptor Facilities Inspection Form, for all apprentice falconers applying for an upgrade to a general class falconry permit.

Comments:

